

PTO/SB/08A (10-01)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

				valid QMB control number	
			Complete if Known		
Substitute for form 144	9A/PTO		Application Number	10/032,648	
			Filing Date	October 23, 2001	
INFORMAT	ION DISCLO	SURE	First Named Inventor	Kanade	
STATEMENT BY APPLICANT			Art Unit	2611	
			Examiner Name		
(use as many	sheets as nece.	ssary)			
Sheet 1	of	1	Attorney Docket Number	010329	

U.S. PATENT DOCUMENTS  Examiner   Cite   Publication Date   Name of Patentee or   Paces, Columns, Lines, Where					
Examiner Initials*	Cite No.1	Document Number Number - Kind Code <sup>2</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
		5,164,827	11/17/92	Paff	
		6,005,610	12/21/99	Pingali	
		6,094,198	07/25/00	Shashua	
		5,912,700	06/15/99	Honey et al.	
		6,608,923	08/19/03	Zhang et al.	
		5,489,886	02/06/96	Wexler et al.	
		5,714,997	02/03/98	Anderson	
		6,100,925	08/08/00	Rosser et al.	
		6,157,747	12/05/00	Szeliski et al.	
		6,259,853	07/10/01	Chen et al.	
		2001/0028399	10/11/01	Conley	
		2001/0052131	12/13/01	Hobson et al.	
		2002/0030741	03/14/02	Broemmelsiek	
		2002/0118969	08/29/02	Kanade et al.	
		2002/0118286	08/29/02	Kanade et al.	
		2002/0145660	10/10/02	Kanade et al.	
				1	
				<del> </del>	

Examiner Signature	/Chikaodili Anyikire/	Date Considered 03/14/2008

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.